MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

November 2009

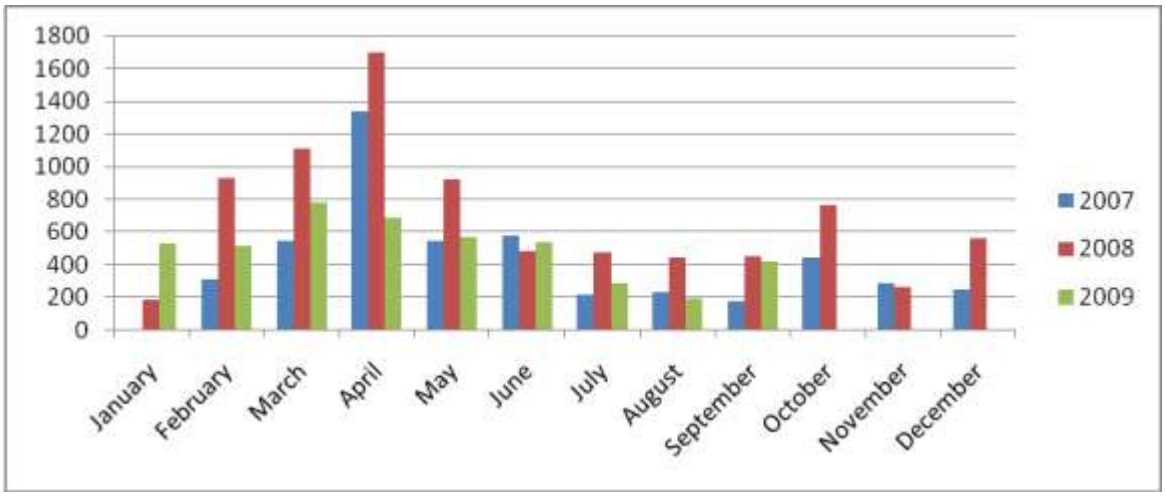
CENTER FOR INFORMATION SYSTEMS AND ANALYSIS

Maryland Trauma Physician Services Fund

Uncompensated Care Processing
CoreSource, Inc., the third party administrator (TPA) for the Trauma Fund, adjudicated claims with a total paid value of approximately $421,254 in September. The monthly payments for uncompensated care since February 2007 are shown below in Figure 1.

Annual Report
The Fiscal Year 2009 Report to the Maryland General Assembly, *Operations from July 1, 2008 through June 30, 2009,* is available on the Commission's website by following this link: http://mhcc.maryland.gov/trauma_fund/physicianserfundrpt1109.pdf.

Figure 1 – Uncompensated Care Payments 2007-2009



Patient Centered Medical Home Workgroup

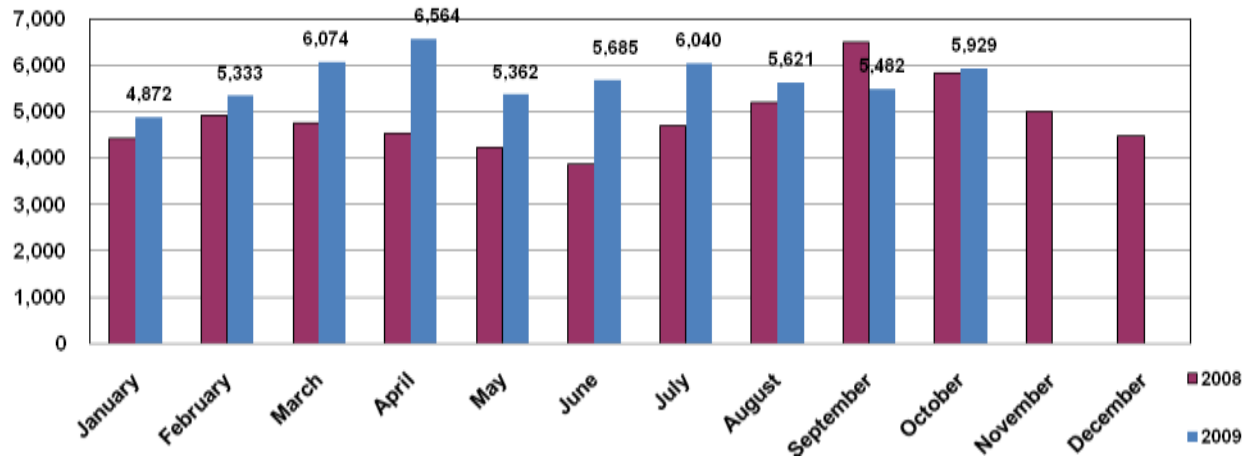
The PCMH Workgroup met on October 26th and the newly formed Transformation Quality Measures subgroup met on November 6th. In addition, a Payment subgroup meeting is scheduled for November 18th from 3:00-5:00 pm, and the second meeting of the Transformation Quality Measures subgroup meeting is scheduled for November 20th from 3:00-5:00 pm. The next PCMH Workgroup meeting will be held on December 14th from 1:00-3:00 pm. Each of these meetings will be held at the Commission's offices in Room 100. Information regarding the work of each of the subgroups and the Workgroup, as well as the schedule of upcoming meetings, is available on the Council's website at: http://dhmh.state.md.us/mhqcc/pcmh.html.

Data and Software Development

Internet Activities

Unique visitors to the MHCC website increased about 9 percent from September. The count of visits was the highest since July 2009. Compared to October 2008, unique visitors grew by about 2 percent. About 42 percent of unique visitors arrived by directly entering the MHCC URL (mhcc.maryland.gov). Of those that arrived via a search function, the most common keywords used in the search were: "maryland health care commission;" "mhcc;" "maryland healthcare;" "maryland health care commission long term care survey adult day care;" and "healthcare associated infections report."

Figure 2 -- Unique Visitors to the MHCC Web Site



Web Development for Internal Applications

Staff continued to make progress on license renewal applications for the occupation boards. Table 1 presents the status of development for internal applications and for the health occupation boards. The current workload and the limited staff available for development has forced MHCC to scale back support to the boards in the last several months. In the upcoming months, MHCC staff will add several new capabilities to the website, the first of which will be a listserv capability slated to be added later this fall.

Another particularly noteworthy development was the implementation of the renewal feature in the web-based Partnership application. Employers that have been in the program successfully renewed policies and subsidy payments were calculated for renewals beginning as of October 1.

Table 1– Web Applications Under Development

Board	Anticipated Start Development/Renewal	Start of Next Renewal Cycle
Board of Physicians – Physician Renewal	Completed	July 2009
Chiropractic Examiners	In production	September 2009
Nursing Home/Long Term Care Survey	Completed	July 2009
Partnership	Completed	October 2009

Nursing Home/Long Term Care Survey Development	Development Underway	January 2010
Nursing Home Quality Site	RFP Planned	Start of Project: November 2009
MHCC Listserv	Completed	Available as of October 2009

Maryland Medical Care Data Base (MCDB) and Data Collection Regulations

At the November 19th Commission meeting, the Commissioners will be asked to vote on the proposed replacement regulations (COMAR 10.25.06: Maryland Medical Care Data Base and Data Collection, Regulation .01–.17) that will modify and expand the MCDB reporting requirements for payers operating in Maryland. The replacement regulations will expand the scope of information in the MCDB to include information on institutional services—primarily hospital inpatient and outpatient services—and eligibility information for the enrollees with coverage for medical and pharmacy services, including demographic characteristics of the enrollee and insurance contract information, such as date of enrollment and type of coverage. These data, when combined with the information on physician services and prescription drugs currently submitted by the payers, will allow the Commission to provide a more complete picture of health care utilization and spending for insured Maryland residents and will bring Maryland's data collection more in line with similar initiatives now underway in Massachusetts, New Hampshire, Vermont, Maine, Minnesota, and Utah.

If the Commission votes favorably on the proposed regulations and the regulations are favorably reviewed by the Department of Fiscal Services, the Joint Committee on Administrative, Executive and Legislative Review (AELR), and the Governor's Office, the proposed permanent regulations will be published in the *Maryland Register* on January 4th and the 30 day comment period will end on February 5th.

All-Payer Claims Database Conference

In October, staff attended a one-day technical assistance meeting on the use of all-payer claims databases, which was jointly sponsored by the State Coverage Initiatives program, the National Association of Health Data Organizations (NAHDO), and The Commonwealth Fund. All-payer claims databases—of which the MCDB is an example—can serve as a mechanism to significantly increase price and quality transparency and improve cost-effectiveness in the health care system. Although just a handful of states are currently implementing all-payer databases, many other states are beginning to consider this approach. This meeting brought together a number of experts to discuss the policy and political issues related to developing an all-payer claims database and the "nuts and bolts" of implementing one. Senior staff members of the Center for Information Services and Analysis participated in panel discussions regarding the policy and technical issues related to data management, collection, and dissemination.

Spotlight on Diabetes

Our data base contractor, Social and Scientific Systems, is nearing completion of a study on the relationship between the number of office visits received by diabetic patients and the probability of having an inpatient admission for diabetes. The analysis looks at privately insured non-elderly adults, enrolled for all of 2007, with a diagnosis of diabetes (with or without complications). It compares the number of office (or outpatient) visits these patients had in the first six months of the year with whether or not the patients had an inpatient admission for diabetes in the last half of the year. Staff anticipates presenting the results of the study at the December Commission meeting.

CENTERS FOR HEALTH CARE FINANCING AND LONG-TERM CARE AND COMMUNITY BASED SERVICES

HMO Quality and Performance

Staff are finalizing the selection process for a candidate to fill the chief's position. The annual HEDIS Audit meeting with all of the Health Plans is scheduled for Friday, December 4, 2009. We are finalizing the HMO/PPO Comprehensive Report, which is a detailed report for researchers and public policy makers. This report should be available on the MHCC website in early December.

Small Group Market

Comprehensive Standard Health Benefit Plan (CSHBP)
With the enactment of SB 637/HB 674, the Commission is required to study options to implement the use of value-based health care services and increase efficiencies in the CSHBP. Staff has contracted with Health Management Associates (HMA) to conduct this study. An overview of the draft report is planned for later in the meeting. This new law also requires the Commission to report on potential options for allowing plans with fewer benefits than the Standard Plan. Mercer is conducting this analysis. Both reports are due by December 1, 2009, but a request to defer submission until January 15, 2010 is under consideration. Finally, this Act requires the Commission to post on the MHCC website and update quarterly premium comparisons of health benefit plans issued in the small group market (VIRTUAL COMPARE©). The RFP for development of the website is a work in progress.

Health Insurance Partnership
The "Partnership" premium subsidy program has been available to certain small employers with 2 to 9 full time employees since October 1, 2008. As of November 5, 2009, enrollment in the Partnership was as follows: 221 businesses; 642 employees; 1,045 covered lives. The average annual subsidy per enrolled employee is $1,952; the average age of all enrolled employees is 39; the group average wage is $27,972; the average number of employees per policy is 4.0; and the total subsidy amount allocated is about $1.2 million.

Commission staff continually updates the Partnership website (http://mhcc.maryland.gov/partnership) to inform all interested parties, including, carriers, producers, employers, employees, various business associations, etc. about this subsidy program. Staff also participates in Minority Business Enterprise (MBE) or other organizational networking meetings to promote the program. As required in statute, staff will prepare the second annual report on the implementation of the Partnership by January 1, 2010.

Mandated Health Insurance Services
Insurance Article § 15-1501, Annotated Code of Maryland, requires the Commission to submit an annual report to the General Assembly on: (1) any proposed mandated health insurance service that failed during the preceding legislative session; and (2) any request for analysis on a proposed mandated benefit that was submitted by a Legislator to the Commission by July 1st of that year. Each evaluation must include an assessment on the medical, financial, and social impact of the proposed mandate. In early October, staff received a request to again review coverage for autism spectrum disorder with removal of age and monetary limits, and a request to review changing the eligibility for IVF coverage from 2 years of infertility in the current mandate to 1 year of infertility. Mercer will evaluate the fiscal impact of these changes. The report is due by December 31, 2009.

Long Term Care Policy and Planning

Hospice Data
Data collection and data cleaning for the FY 2008 Maryland Hospice Survey have been completed. In addition to the public use data set for FY 2008, a new Trend Analysis Report for FY 2005-2008 has also now been posted on our website. Work is currently underway on the FY 2009 Maryland Hospice Survey. A meeting was held on November 4th with representatives of both limited and general licensed hospices to review a draft to the FY 2009 survey. This survey is expected to be released by mid February.

Minimum Data Set
Staff is currently working with the minimum data set (MDS) Resident Assessment Instrument to update data sets for planning and policy development. The focus is on: update current programs and address programming issues; construct variables for research projects; develop a methodology to impute missing data; create data sets that permit tracking of variables over time; and link data sets. The most recent conference call was held on October 20th.

HB 30 Workgroup
Long Term Care staff has been asked to participate in the HB 30 Workgroup. The mission of the workgroup is to study: the types of options available in the state for hospice and palliative care; the degree to which these options are utilized within home, long term care, hospital, and hospice settings; the average length of time spent in various settings; and the types and degree of barriers that exist regarding awareness of, and access to hospice and palliative care programs. A meeting was held on October 14th to review a draft report and to discuss recommendations.

Home Health Agency Data Analysis
Commission staff continues to review and analyze utilization trend data of HHA services. Staff is looking at age-specific use rates, as well as jurisdiction-specific utilization patterns in order to determine possible changes to the methodology for forecasting home health agency need. Preliminary analysis of Medicare and Medicaid home health utilization by zip code has also been part of the home health agency data analysis.

Home Health Agency Survey
The FY 2009 Home Health Agency Survey collection period began on October 13, 2009 for agencies with fiscal year end dates on or before June 30, 2009. The final date for completion of the survey is Jan 12, 2009. Commission staff will provide training to agencies.

Long Term Care Survey
Surveys were made available for online data entry as of June 9, 2009. The due date for survey completion was August 20, 2009. In response to an appeal by Lifespan Network (Long Term Care Association), the Executive Director, in a letter dated August 20th, extended the due date to September 20, 2009 but notified providers that as of October 1, 2009 fines would be imposed for late submission. On October 5, 2009 the Executive Director issued letters imposing fines to seven facility providers who had not yet completed the 2008 Maryland Long Term Care Survey. Fines began to accrue from October 1, 2009 as mentioned in the extension letter from the Executive Director dated August 20, 2009. As of October 20th, all of the outstanding surveys have been completed. Of the seven facilities, one was exempted, one paid the fine, and the remaining five facilities have received notice that their collections will be sent to the Special Litigation Unit in the Office of the Attorney General.

Long Term Care Quality Initiative

LTC Website Expansion
The formal procurement process to select a contractor to build the LTC site has begun. More than 25 prospective vendors attended the pre-bid conference. Proposals are due to the Commission on November 30, 2009.

Nursing Home Survey
The 2009 Nursing Home Experience of Care surveys are in the last phase of data collection. The family survey is in its fourth year of data collection; the response rate for this survey is above 50% to date.

For the first time a "resident" survey was sent to individuals recently discharged after a short stay in a nursing home. The short stay resident survey is being collected in collaboration with the federal Agency for Healthcare Research and Quality (AHRQ). Approximately 70 nursing homes were identified that have a sufficient number of short stay residents. Other activities include staff review and approval of the report format for facility and state wide results. The contractor will analyze family survey results while AHRQ will provide pro-bono analysis of the resident short stay survey. Results for both surveys will be available in January.

Other Activities
1) Over 8,000 people who visited the Fairgrounds during the Baltimore Senior Expo had the opportunity to ask questions, become familiar with the website, and take printed topical information. Attendance was noticeably down this year due to the economy.

2) Reporting influenza vaccination rates for nursing home staff is under discussion. Medicaid is currently collecting this information and using the results as one of the values attributed to their new LTC P4P program. To minimize the inconvenience to nursing homes and the cost of conducting duplicate surveys, Medicaid has agreed to expand their questionnaire to include the additional MHCC questions and to assume responsibility for mailing and collection, a win-win arrangement.

CENTER FOR HOSPITAL SERVICES

Hospital Services Planning and Policy

Certificate of Need (CON): September 1, 2009 through September 30, 2009

CONs Issued
Carroll Home Health (Frederick County) – Docket No. 08-10-2258
Expand its provision of home health agency ("HHA") services in Frederick County
Cost: No capital expenditure required.

Community Home Health, Inc. (Frederick County) – Docket No. 08-10-2260
Expand its provision of HHA services into Frederick County
Cost: $189,000

CONs Denied
Ayesha Home Health Care (Frederick County) – Docket No. 08-10-2255
Establish an HHA to serve Frederick County
Cost: $85,000

Celtic Healthcare, Inc. (Frederick County) – Docket No. 08-10-2259
Establish an HHA to serve Frederick County
Cost: $274,000

Compassionate Care Nursing (Frederick County) – Docket No. 08-10-2261
Establish an HHA to serve Frederick County
Cost: $62,158

Crown Home Health (Frederick County) – Docket No. 08-10-2262
Establish an HHA to serve Frederick County
Cost: $50,500

HomeCare Rehab, LLC (Frederick County) – Docket No. 08-10-2264
Establish an HHA to serve Frederick County
Cost: $235,000

Home Health Care Professionals (Frederick County) – Docket No. 08-10-2265
Establish an HHA to serve Frederick County
Cost: $155,000

George Madanguit, et al, (Frederick County) – Docket No. 08-10-2270
Establish an HHA to serve Frederick County
Cost: $120,000

Maxim Home Health Resources (Frederick County) – Docket No. 08-10-2271
Establish a home health agency to serve Frederick County
Cost: $158,200

Nursing and Health Services Training Consultants, Inc. (Frederick County) – Docket No. 08-10-2272
Establish an HHA to serve Frederick County
Cost: $112,654

People Now Healthcare Solutions (Frederick County) – Docket No. 08-10-2273
Establish an HHA to serve Frederick County
Cost: $85,000

Prime Home Health Care, Inc. (Frederick County) – Docket No. 08-10-2274
Establish an HHA to serve Frederick County
Cost: $104,500

Professional Health Care Resources, Inc. (Frederick County) – Docket No. 08-10-2275
Expand its provision of HHA services into Frederick County
Cost: $109,000

Reliance Home Health Care (Frederick County) – Docket No. 08-10-2277
Establish an HHA to serve Frederick County
Cost: $50,000

CON Letters of Intent
Kaiser Foundation Health Plan of the Mid Atlantic States, Inc. (Prince George's County)

Establish a new free-standing ambulatory surgery facility in a new medical office building with up to 6 operating rooms at 1221 Mercantile Lane, in Largo

Kaiser Foundation Health Plan of the Mid Atlantic States, Inc. (Montgomery County)
Establish a new free-standing ambulatory surgery facility by relocating 2 operating rooms from Kaiser's existing free-standing ambulatory surgical facility in Kensington to a new medical office building at 655 Watkins Mill Road, in Gaithersburg.

CON Applications Filed
Shady Grove Adventist Hospital (Montgomery County) – Matter No. 08-15-2301
Add 48 medical/surgical/gynecological/addictions beds
Estimated Cost: $1,517,872

Pre-Application Conference
Kaiser Foundation Health Plan of the Mid Atlantic States, Inc. (Prince George's County)
Establish a new free-standing ambulatory surgery facility in a new medical office building with up to 6 operating rooms at 1221 Mercantile Lane, in Largo
October 22, 2009

Kaiser Foundation Health Plan of the Mid Atlantic States, Inc. (Montgomery County)
Establish a new free-standing ambulatory surgery facility by relocating 2 operating rooms from Kaiser's existing free-standing ambulatory surgical facility in Kensington to a new medical office building at 655 Watkins Mill Road, in Gaithersburg.
October 22, 2009

Determinations of Coverage

- **Ambulatory Surgery Centers**

Shady Grove Ambulatory Surgery Center (Montgomery County)
Establish an ambulatory surgery center with 1 non-sterile procedure room to be located at 16220 Frederick Avenue, Suite 427, in Gaithersburg

Summit Ambulatory Surgical Center, L.L.C. (Harford County
Establish an ambulatory surgery center with 1 sterile operating room and 1 non-sterile procedure room to be located at 201 Plumtree Road, Suite 200, in Bel Air

Newbridge Surgery Center at Frederick, L.L.C. (Frederick County)
Establish an ambulatory surgery center with 1 non-sterile procedure room to be located at 196 Thomas Johnson Drive, Suite 210, in Frederick

- **Other**

    - **Delicensure of Bed Capacity or a Health Care Facility**

Milford Manor Nursing & Rehabilitation Center (Baltimore County)
Temporary delicensure of 19 comprehensive care facility ("CCF") beds

Allegany Nursing Home/Mid Atlantic of Cumberland (Allegany County)
Temporary delicensure of 15 CCF beds

Corsica Hills Center (Queen Anne's County)
Permanent delicensure of 20 CCF beds

- **Relicensure of Bed Capacity or a Health Care Facility**

Laurelwood Care Center at Elkton (Cecil County)
Relicensure of 18 temporarily delicensed CCF beds

Chesapeake Shore (St. Mary's County)
Relicensure of 5 temporarily delicensed CCF beds

Signature HealthCARE at Mallard Bay (Dorchester County)
Relicensure of 20 temporarily delicensed CCF beds

- **Miscellaneous**

Rehabilitation Hospital Corporation of America (Wicomico County)
Change organizational form of Rehabilitation Hospital Corporation of America, which owns and operates HealthSouth Chesapeake Rehabilitation Hospital and HealthSouth Chesapeake Rehab Home Health from a Delaware corporation to a Delaware limited liability company

- **Waiver Beds**

Gladys Spellman Specialty Hospital and Nursing Center (Prince George's County)
Addition of 6 CCF beds and reduction of 6 special hospital-chronic beds. Total licensed bed capacity of the facility remains at 107 beds

Planning and Policy

On October 29, 2009, Hospital Services Planning and Policy staff was given a presentation on the application of green design and sustainable design principles in hospital planning and design by Peter and Lorraine Doo of Doo Consulting, Baltimore.

Hospital Quality Initiatives

Hospital Performance Evaluation Guide (HPEG) Advisory Committee
The HPEG Advisory Committee held its monthly meeting in October and continues to provide guidance on the various activities associated with the maintenance and expansion of the Hospital Performance Evaluation Guide (HPEG). Over the past month, the HPEG Committee has focused on issues surrounding the implementation of the new Quality Measures Data Center (QMDC), considered and approved proposed measures for inclusion in the Guide and reviewed the progress on HAI data collection and reporting activities. Most recent accomplishments are highlighted below:

- *Hospital Performance Evaluation Guide Updates and New Measures*

There are several enhancements to the Hospital Performance Evaluation Guide planned over the next few months. These enhancements include the addition of patient experience data, mortality data and information on healthcare associated infections. By January 2010, the staff plans to include patient experience data collected through the Hospital – Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey as well as CMS 30-day risk adjusted mortality data for AMI, Heart Failure and Pneumonia on the Hospital Guide. Information on active surveillance testing for MRSA in ICUs is also planned for inclusion in the Guide early next year. MHCC has engaged the services of the Iowa Foundation for Medical Care (IFMC) to facilitate the implementation of this project. The staff continues to work with IFMC on the development of the format for display of these new measures on the Guide.

- *Maryland Quality Measures Data Center Project*

In addition to the activities associated with the immediate update of the Guide, the staff continues to work on the implementation of the Quality Measures Data Center (QMDC). The QMDC provides a web-based tool for hospitals to upload clinical quality measures and patient experience (HCAHPS) data required to be reported to the Commission. This approach will not only accelerate the timely receipt of data directly from hospitals, but it will enable the Commission to validate the accuracy and completeness of the data as well Staff and the contractor, IFMC, meet weekly to review progress and facilitate problem resolution. A major milestone has been achieved with the successful hospital submission and acceptance of the 1st quarter 2009 clinical measures and HCAHPS data. Individual hospital preview reports for the 1st quarter 2009 data submission were posted to the QMDC website on November 9th as scheduled. These reports provide hospitals the opportunity to review their facility's data prior to public release of the information on the Hospital Performance Evaluation Guide.

- *Collection of Data on Specialized Cardiac Care Services*

MHCC defines specialized cardiac care to include three major services: (1) emergency angioplasty referred to as primary percutaneous coronary intervention (pPCI) services, for certain types of heart attacks or ST elevation myocardial infarctions (STEMIs); (2) elective or non-primary PCI; and, (3) cardiac surgery. There are currently ten Maryland hospitals that offer all three specialized cardiac care services. In addition, thirteen Maryland hospitals without cardiac surgery on-site provide emergency angioplasty services under a waiver program established by the Commission.[1]

MHCC currently collects data on patients receiving specialized cardiac care services and is interested in adopting a standard data set for each category of specialized cardiac care service that will provide high quality and timely data measuring the process and outcomes of care. To that end, the Commission distributed a request for public comment and stakeholder input on alternative approaches to the collection of data on specialized cardiac care services, including primary and non-primary PCI and cardiac surgery services. By the close of the comment period on October 23rd, the Commission had received comments from: Adventist HealthCare; American College of Cardiology (Maryland Chapter); Anne Arundel Medical Center; Carroll Hospital Center; Frederick Memorial Healthcare System; Holy Cross Hospital; Johns Hopkins Health System; MedStar Health; MIEMSS; Peninsula Regional Medical Center; Southern Maryland Hospital Center; the Society for Cardiovascular Angiography and Interventions; University of Maryland Medical Center; and, Western Maryland Health System.

To consider the public comments and develop a proposed data reporting plan, the Commission will establish two Work Groups. The first Work Group to be established, the Percutaneous Coronary Intervention (Primary and Non-Primary) Data Work Group, will study and make recommendations to the Commission on issues related to the development of an on-going PCI data base for Maryland. A second Work Group addressing cardiac surgery data issues will be established by the Commission early next year. Commission staff has requested nominations to the PCI Data Work Group from organizations that submitted comments.

Healthcare -Associated Infections (HAI) Data

- *Validation of Data on Central Line-Associated Blood Stream Infections (CLABSI) in the ICU*

Since July 1, 2008, Maryland hospitals have been required to use the National Healthcare Safety Network (NHSN) surveillance system to report data to the Commission on Central Line-Associated Blood Stream

[1] Nine of these hospitals have been approved by the Commission to participate in a research study of non-primary PCI in hospitals without cardiac surgery on-site.

Infections (CLABSI) in any ICU. Hospitals are required by NHSN to report data within 30 days following the end of the month. The Commission plans to conduct an independent quality review of the data prior to public release of the information on the Hospital Guide. To that end, the staff initiated a procurement project to engage the services of a contractor with expertise and experience in the quality review of healthcare-associated infections data. The contractor will perform an assessment of the accuracy and completeness of the Commission's CLABSI data. The staff is in the process of completing the first phase of the audit project which includes the collection of positive blood culture laboratory results from hospitals. The second phase of the audit will involve an on-site review of medical records. It is anticipated that the second phase will be initiated in mid-December.

- *American Recovery and Reinvestment Act (ARRA) Grant Funding*

On September 4, 2009, the Centers for Disease Control and Prevention (CDC) announced the award of a $1.2 million grant to Maryland under the American Recovery and Reinvestment Act (ARRA) to enhance the prevention of healthcare-associated infections (HAI). The grant is a collaborative effort involving the Department of Health and Mental Hygiene, Maryland Health Quality and Cost Council, and the Maryland Health Care Commission. The funds available under this program will build on the Commission's HAI initiatives and enable Maryland to strengthen its data collection, reporting, and analysis infrastructure to meet the challenge of preventing HAI. The grant will support two Health Policy Analyst positions. The position descriptions have been developed and the vacancy announcements have been posted for recruitment. The staff is currently reviewing the resumes submitted in response to the announcements.

- *Active Surveillance Testing (AST) for MRSA in All ICUs Survey*

The results of the 2nd quarterly survey for collecting data on Active Surveillance Testing (AST) for MRSA in All ICUs have been submitted by hospitals. It is important to note that this is a process measure that evaluates the rate of hospital screening (AST) for MRSA in all ICUs. It is not an outcome measure that evaluates the rate of MRSA colonization or infection in the hospital. The results of the survey have been reviewed for completeness and distributed to hospitals for review prior to public reporting.

- *Statewide Hand Hygiene Campaign*

At their June 10, 2009 meeting, the Maryland Health Quality and Cost Council adopted a key recommendation from its Evidence-Based Medicine Work Group calling for the implementation of a statewide Hand Hygiene campaign. The Council is chaired by Lieutenant Governor Anthony G. Brown. Department of Health and Mental Hygiene Secretary John M. Colmers serves as Vice Chair of the Council. The Council has prioritized conducting a statewide hand hygiene initiative and prevention of healthcare-associated infections as part of its work plan. To implement this recommendation, the Council requested consultation from the Healthcare-Associated Infections (HAI) Advisory Committee of the Maryland Health Care Commission. In his July 29, 2009 letter to HAI Advisory Committee members, Secretary Colmers requested recommendations from the regarding the guiding principles, methodology, and data collection for a statewide Hand Hygiene campaign to be implemented this fall. On August 31, 2009, the HAI Advisory Committee and its Hand Hygiene and Infection Prevention Subcommittee submitted its *Report and Recommendations on Implementation of a Statewide Hospital Hand Hygiene Campaign* to Secretary Colmers. A kickoff meeting for the Maryland Hospital Hand Hygiene Collaborative was held on November 3rd. More than 200 hospital representatives attended the meeting that included remarks by the Lt. Governor, Secretary of Health, and CEO and President of the Maryland Hospital Association.

Specialized Services Policy and Planning

The following hospitals have filed applications to renew their two-year waivers to provide primary PCI services without on-site cardiac surgery: Holy Cross Hospital (Docket No. 09-15-0048 WR), Howard County General Hospital (Docket No. 09-13-0046 WR), Saint Agnes Hospital (Docket No. 09-24-0047 WR), and Johns Hopkins Bayview Medical Center. Notice of the docketing of the application filed by Johns Hopkins Bayview Medical Center will be published in the *Maryland Register* on November 20, 2009.

CENTER FOR HEALTH INFORMATION TECHNOLOGY

Health Information Technology

Staff is in the initial stages of writing the report on its findings from the *Ambulatory Health Information Technology Survey* (survey). This survey is similar to the *Hospital HIT* survey and assesses the adoption of health information technology (HIT) in seven leading core areas such as computerized physician order entry (CPOE) and electronic health records (EHRs). The data indicates that roughly 54 percent of ambulatory surgical centers use technology to support patient care. The data also suggests that in each of the core areas the use of technology averaged around 35 percent. Staff plans to release a report on the survey findings in January. Staff also released the second annual *Hospital HIT Survey* that assesses HIT adoption in Maryland's 47 acute care hospitals. A report on these survey findings will be available in March.

Staff formally requested a proposed plan from payers on how they would comply with the requirements to provide incentives to physicians that adopt and meaningfully use EHRs in compliance with House Bill 706 (HB 706), *Electronic Health Record – Regulation and Reimbursement*, signed into law on May 19th by Governor Martin O'Malley. This law builds on the Medicare and Medicaid adoption incentives under the *American Recovery and Reinvestment Act of 2009* (ARRA), and requires state-regulated payers to provide incentives for the adoption of EHRs beginning in 2011. Maryland is the first state to build on the Medicare and Medicaid incentives under the ARRA. Payers were asked to outline what they consider would qualify as an incentive under the law and to provide a list of items they would propose the MHCC to consider in developing regulations. Payer proposals for EHR incentives are due by November 13th.

Staff completed a revised draft of the nursing home EHR adoption environmental scan. Roughly 51 nursing homes were asked to provide information related to their current use of HIT. Staff will use this information to develop programs aimed at expanding the use of HIT in nursing homes. Over the next several months, staff plans to work with nursing home administrators to identify a range of options for EHR adoption that includes an Application Services Provider (ASP) model as a low cost alternative to the standalone client server-based approach. Staff plans to explore the possibility of management service organizations (MSOs) offering EHR products suitable for nursing homes. MSOs are organizations that share the administrative and technical functions across participating organizations and would likely be an attractive model for nursing homes. Staff anticipates releasing a draft report on key findings from the environmental scan in December.

During the month, staff finalized the *Nursing Home EHR Product Portfolio* (portfolio). The portfolio contains a core set of product information that will assist nursing homes in assessing EHRs. The portfolio will be available on the MHCC website in November. Included in the portfolio are approximately nine EHR vendors that offer products specific to nursing homes that meet the most stringent Certification Commission for Healthcare Information Technology (CCHIT) standards relating to functionality,

interoperability, and security. The portfolio contains user references, basic product information, pricing, and privacy and security policies. Staff plans to update the portfolio on a semi-annual basis. Presently available on the MHCC website is a portfolio that contains similar products and information aimed at physician EHR adoption.

During the month, staff continued to provide support to the Centers for Medicare and Medicaid Services (CMS) on their EHR Demonstration Project, which has been underway since June. Approximately 127 small to medium sized primary care physician practices specializing in family practice, general practice, internal medicine, and gerontology participate in the treatment group. Last month, staff provided consultative support to roughly 50 providers in the treatment group. Staff developed an outreach plan for nearly 66 providers who indicated that they do not currently have an EHR. In general, each month, some providers will receive an e-mail on select information about EHRs. As part of the ongoing outreach effort, staff provides direct consultative support to providers that request assistance. The project has a five year timeframe; participating practices are eligible to receive up to $290,000 in monetary incentives for adopting EHRs and reporting on 26 quality measures for four medical conditions. Maryland is one of four states participating in the demonstration project.

Health Information Exchange

Last month staff participated in the Chesapeake Regional Information System for our Patients (CRISP) Exchange Technology Committee meeting. The participants reviewed and commented on a draft Request for Proposal (RFP) for a Master Patient Index and an RFP for a technology partner to provide support for medication history deliver to emergency departments. Both RFPs were released by CRISP in October; vendors are required to submit a formal response in December. The Clinical Excellence and Exchange Services Committee met for the first time in October. Participants were briefed on committee activities and discussed logistics for future meetings. The Finance Committee is expected to convene in November. Staff reviewed the role of the MHCC Policy Board with several members as it relates to their work in the area of privacy and security, consumer authorization and consent, the minimum criteria for user authentication, minimum requirements for role-based authorization, security requirements, and audit trail requirements. The MHCC Policy Board is scheduled to meet in December. Staff also presented to the CRISP Board of Directors the health information exchange (HIE) activities that led up to the August designation of CRISP.

The Office of the National Coordinator for Health Information Technology (ONC) released two health IT grant applications under the *American Recovery and Reinvestment Act of 2009* (ARRA) on August 20th. Staff submitted the application for the *State Health Information Exchange Cooperative Agreement Program* in advance of the October 16th due date. Included in the grant application was the State Health IT Plan, which is comprised of a strategic and operational plan for implementing HIE and advancing EHR adoption in the state, which is available on the MHCC website. This grant will improve and expand HIE services to reach all providers in an effort to improve the quality and efficiency of health care. ONC advised staff that approximately $9M has been appropriated for Maryland and funding is based on matching funds. During the month, staff assisted CRISP in the development of the response to the other ONC grant, *Health Information Technology Extension Programs: Regional Centers Cooperative Agreement Program,* which will fund a non-profit entity to provide education, awareness, and technical assistance for the adoption and meaningful use of EHRs. The average funding award for recipients of the grant is approximately $8.5 million and is also based on matching funds. The application was submitted in advance of the November 3rd due date.

Staff continues to provide support to the Electronic Healthcare Network Accreditation Commission's (EHNAC) Health Information Exchange (HIE) Policy Accreditation Advisory Panel (panel). Each month, representatives of the panel meet weekly to discuss policy challenges related to an HIE certification program. On many occasions over the last year, the entire panel conveyed to work on developing a policy accreditation program that validates the HIE's policies for safeguarding the privacy and security of electronic health information. In October, members of the panel developed a testing

strategy for the existing draft criteria and considered additional policies necessary for inclusion in the criteria. EHNAC plans to pilot the draft criteria with the Utah Health Information Network (UHIN) in December. UHIN is an administrative electronic health network that recently launched a clinical messaging application. EHNAC has engaged a consultant to assist in disseminating the draft criteria with additional policymakers. EHNAC hopes to receive comments regarding the draft criteria from approximately 12 policymakers who work with other HIEs around the nation in November. EHNAC anticipates that the HIE policy accreditation program will be available in the first quarter of 2010.

Staff completed updating the *HIPAA: A Guide to Privacy Readiness* based on the 13 revisions that were included in the ARRA that directly impact the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Staff also made a number of revisions to the nearly 32 self-assessment questions and the policy clarification statements contained in the guide. The ARRA additions to HIPAA privacy center on the inclusion of Business Associates, notification of information breaches, and inadvertent disclosure of personal health information. Staff also made minor revisions to the *HIPAA Security Standards, A Guide to Security Readiness*. The guides were originally developed in 2002 with the assistance of an industry stakeholder workgroup. Staff developed these guides to help small practices conduct a gap assessment for compliance with the HIPAA Administrative Simplification provisions.

Last month staff developed an information brief for the Advisory Council on Prescription Drug Monitoring (council). Over the last six months, staff provided ad hoc support to the council as it relates to evaluating the use of the statewide HIE to support a prescription drug monitoring program (PDMP). The information brief developed by staff provides a framework for using the statewide HIE as an alternative to centrally hosting a system to support a PDMP. For the most part, these services could be added to the statewide HIE over the next three to five years. Policies governing use and disclosure of PDMP data are well-suited for development by the MHCC Policy Board or a separate Advisory Board. The council anticipates developing a final report in December that will include technology options for a PDMP in Maryland. The report will list the statewide HIE as one of the options.

Electronic Health Networks & Electronic Data Interchange

Staff completed the initial draft of the *2009 Annual EDI Progress Report*. COMAR 10.25.09, *Requirements for Payers to Designate Electronic Health Networks,* requires payers with a premium volume of over $1 million or more to report each year on their volume of administrative health care transactions. Nearly 44 payers including Medicare, Medicaid, and seven Medicaid Managed Care Organizations submitted an online report at the end of June. Over the last several months, staff worked with a number of the larger payers to resolve reporting discrepancies and to complete the analysis of the data. Staff uses this information to develop an *EDI Progress Report* that payers and provider organizations use to develop strategies that increase the use of electronic health care technology. Staff anticipates releasing the report in December.

Staff completed the initial electronic health network (network) certification for Mercury Data Exchange. COMAR 10.25.07, *Certification of Electronic Networks and Medical Claims Clearinghouses*, requires that MHCC certify networks that process electronic health care transactions from payers doing business in the state. Networks receive MHCC certification for a two year period; certification is based on networks obtaining EHNAC accreditation. All combined, about 42 networks are MHCC certified. In October, the Maryland Board of Pharmacy notified staff that it adopted regulations under COMAR 10.34.20, *Format of Prescription Transmission*, that requires pharmacies to use MHCC certified networks. Staff identified approximately 23 pharmacy networks that may seek MHCC certification as a result of these new pharmacy regulations.

National Networking

Staff participated in two webinars hosted by eHealth Initiative: *HIT Policy Webinar - The Five Year Plan: Universal Adoption of HIT by 2014*. This webinar presented an overview on the HITECH Act and Allscripts view into the future of connected health. The second webinar was on *Trends in State and*

Regional HIT Initiatives that presented an overview of SureScripts detailing the North Carolina e-prescribing initiative and the Illinois e-Rx collaborative adoption of e-prescribing.

Staff participated in two webinars sponsored by the Health Data Management: *Proven Strategies for Successfully Deploying an EHR Solution* that discussed why it's necessary to migrate from paper medical records to EHRs; and *Leveraging Service Oriented Architecture for Real-Time Data Integration* that addressed the advantages of SOA for real-time integration, and how to build and deploy a data integration architecture that is SOA compliant.